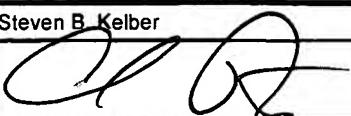


<p style="text-align: center;">TRANSMITTAL FORM (to be used on all correspondence after initial filing)</p> <p>APR 11 2006</p>		ATTORNEY DOCKET NO. 70020.0056US01	
INVENTOR(S) Kenichi YOKOYAMA, et al.		U.S. APPLICATION SERIAL NO. 10/679,367	CONFIRMATION NO. 4296
		FILING DATE October 7, 2003	
TITLE OF APPLICATION RADIATION-SENSITIVE RESIN COMPOSITION		EXAMINER Sin J. LEE	GROUP ART UNIT 1752

ADDRESS TO:	Commissioner for Patents P.O. BOX 1450 ALEXANDRIA, VA 22313-1450
ENCLOSURES	
<input checked="" type="checkbox"/> Transmittal Form <input checked="" type="checkbox"/> Fee Transmittal (In Duplicate) <input checked="" type="checkbox"/> Extension of Time Request for 1 Month(s) <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Return Postcard	

<input checked="" type="checkbox"/> Please charge Deposit Account No. 13-2725 in the amount of \$920.00 to cover any required fees. In the event any variance exists between this amount and the Patent Office charges for filing the above-noted documents, including any fees required under 35 CFR 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 13-2725. Further, if these papers are not considered timely filed, then a request is hereby made under 37 CFR 1.136 for the necessary extension of time.

CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> The address associated with Customer Number: 23552		OR <input type="checkbox"/> the correspondence address below.	
Name		State	Zip Code
Address			
City			

NAME	Steven B. Kelber	REGISTRATION NO. 30,073		
SIGNATURE		DATE	April 11, 2006	TELEPHONE 202 326-0300
NAME	Christopher W. Raimund	REGISTRATION NO. 47,258		

DOCKET NO. 70020.0056US01	U.S. APPLICATION SERIAL NO. 10/679,367	FILING DATE October 7, 2003
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CLAIM FEES

CLAIMS	NUMBER FILED	NUMBER PREV. PAID FOR		MAX. PAID	NUMBER OF ADD'L CLAIMS	RATE		\$800.00
Total Claims	17	20	<input checked="" type="checkbox"/>	20	0	x \$50	\$0.00	
Independent Claims	7	3	<input checked="" type="checkbox"/>	3	4	x \$200	\$800.00	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM(S)						+ \$360	\$0.00	
TOTAL OF ABOVE CALCULATIONS =								

APPEALS/INTERFERENCE FEES

FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/> 1401	Notice of Appeal	\$500.00	
<input type="checkbox"/> 1402	Filing a Brief in Support of an Appeal	\$500.00	
<input type="checkbox"/> 1403	Request for oral Hearing	\$1,000.00	
			SUB TOTAL \$ 0.00

POST-ALLOWANCE FEES

FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/> 1501/1511	Utility/Reissue Issue Fee	\$1,400.00	
<input type="checkbox"/> 1502	Design Issue Fee	\$800.00	
<input type="checkbox"/> 1503	Plant Issue Fee	\$1,100.00	
			SUB TOTAL \$ 0.00

TOTAL OF FEES SUBJECT TO REDUCTION FOR SMALL ENTITY STATUS	\$920.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.	x 1.00= \$920.00

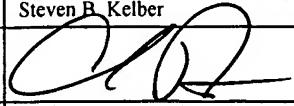
FEES NOT SUBJECT TO REDUCTION FOR SMALL ENTITY STATUS
POST-ISSUANCE FEES

FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/> 1811	Certificate of Correction	\$100.00	
<input type="checkbox"/> 1812	Request for Ex Parte Reexamination	\$2,520.00	
<input type="checkbox"/> 1813	Request for Inter Partes Reexamination	\$8,800.00	
			SUB TOTAL \$ 0.00

MISCELLANEOUS FEES

FEE CODE	DESCRIPTION	FEE	SUBMITTED
<input type="checkbox"/> 1053	Non-English Specification	\$130.00	
<input type="checkbox"/> 1806	Submission of an Information Disclosure Statement	\$180.00	
<input type="checkbox"/> 8001	Printed Copy of Patent	0 copies x \$3.00	
<input type="checkbox"/> 8021	Recording Assignment, Agreement or Other Paper	0 properties x \$40.00	
<input type="checkbox"/> 1504/1505	Publication/Republication Fee	\$300.00	
			SUB TOTAL \$ 0.00

TOTAL FEES SUBMITTED **\$920.00**

NAME	Steven B. Kelber	REGISTRATION NO.	30,073
SIGNATURE		DATE	April 11, 2006
NAME	Christopher W. Raimund	REGISTRATION NO.	47,258